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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/501,902	07/20/2004		Yundong Wang		4662-282	9014
TITLE OF INVENTION: RUBBER CONCENTRA:		REPARATION OF A T	HERMOPLASTIC ELAST	OMER COMPRISIN	IG A PARTIALLY VUL	CANIZED
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/07/2009
EXAMI	NER	ART UNIT	CLASS-SUBCLASS			
NUTTER, NATHAN M		1796	525-191000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Change of correspondence address (or Change of Correspondence Address form FTVOSB/122) attached. Tee Address "indication for "Fee Address" Indication form FTVOSB/47 Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of a single firm (having as a member a registered attorneys or agents and the names of up to 2 registered patent autorneys or agents. If no name is listed, no name with per printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patient. If an assignee is identified below, the document has been recordation as set forth in 37 CER 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) DSM IP ASSETS B.V.						locument has been filed for
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Corp	oration or other private gr	oup entity Government
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies3			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. (Pd. electronically) ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).			
 Change in Entity Statu a. Applicant claims 			☐ b. Applicant is no long	ger claiming SMALL	ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature _	/Bryan H. D	avidson/		Date	July 6, 2009)
Typed or printed nameBryan H. Davidson				Registration No.		
This collection of informal an application. Confidenti- submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231	tion is required by 37 Ct ality is governed by 35 application form to the ns for reducing this bur- ginia 22313-1450. DO 3-1450.	FR 1.311. The informatis U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 mir idual case. Any com r, U.S. Patent and Tr D THIS ADDRESS. S	public which is to file (an nutes to complete, includin nents on the amount of ti demark Office, U.S. Dep END TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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